



Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects

VERIFICATION OF INTERIOR DESIGNER EXAMINATION & CERTIFICATION FORM

Name of board providing verification

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Applicant's Name

Last

First

Middle

Generation

Applicant's Social Security Number of VA DMV Control Number *

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

Applicant's Street Address

City, State, Zip Code

I. EXAMINATION

The written examination was prepared by:

NCIDQ ☐

Board ☐

Please explain any
NCIDQ or Board grade
adjustments

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Date of Examination

Scores

II. LICENSURE, CERTIFICATION or REGISTRATION

The above-named applicant holds the following interior designer license, certification or registration:

License Number	Date Issued	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

The applicant qualified for licensure, certification or registration through:

Education ☐

Experience ☐

Written Examination ☐

Comity or Reciprocity ☐ State

Other ☐ Explain

Has the applicant been subject to any disciplinary action?

No ☐

Yes ☐ If yes, attach documentation of findings, sanctions, etc.

Verifier's Name

Date

Title

Signature

Apply board seal here